

Instructions For CJA Panel Attorneys, District of Minnesota
Regarding Subpoena Procedures on Court Appointed Cases
Updated January 12, 2006

Prepared by Federal Public Defender (FPD) Office, 612-664-5858 for use by attorneys appointed under the Criminal Justice Act (CJA) in the District of Minnesota.

Your requests concerning subpoenaing of witnesses are entitled to be kept under seal from the attorney for the United States and to be heard ex parte by the District Court or U.S. Magistrate Judge.

1. Prepare Petition and proposed Order and forward to U.S. Magistrate Judge assigned to your case. Submit the documents in paper copy. Do not file in the Electronic Case Filing (ECF) system.
2. If approved, the Court will have the original documents filed with the Clerk who will forward a certified copy of the Order to the U.S. Marshals.
3. You prepare subpoenas and either have the U.S. Marshals serve them or serve them yourselves or by use of a private investigator. Remember, the CJA Guidelines will not reimburse private investigators hired for the sole purpose of serving subpoenas as the US Marshals will serve subpoenas without charge. However, if your investigator is interviewing the witness and serves the subpoena at the same time, that is acceptable.
4. When the witness is done testifying, follow the instructions on the enclosed sheet regarding how they can obtain payment for their witness fee and expenses.

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA
Criminal No. _____

UNITED STATES OF AMERICA,)	Filed under Seal
)	
Plaintiff,)	
)	EX PARTE APPLICATION FOR
v.)	ISSUANCE OF SUBPOENAS ON
)	BEHALF OF DEFENDANT
_____)	
)	
Defendant.)	

Defendant, _____, through his attorney, hereby requests the Court pursuant to Rule 17(b), Federal Rules of Criminal Procedure, for the issuance of subpoenas to compel the attendance of persons whose testimony is favorable to the defendant. The Court has previously made a determination that the defendant is indigent and has appointed the undersigned attorney.

The defendant requests that subpoenas be issued to the following witnesses:

1. _____ [insert name of witness]
2. _____

It is necessary for the defendant to have the appearances of the aforementioned witnesses.

Dated: _____

Respectfully submitted,

Attorney ID No. KEYBOARD()

Attorney for Defendant

[address]

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA
Criminal No. _____

UNITED STATES OF AMERICA,)	Filed Under Seal
)	
Plaintiff,)	
)	
v.)	O R D E R
)	
_____)	
)	
Defendant.)	

Upon petition by the defendant and pursuant to Rule 17(b), Federal Rules of Criminal Procedure,

IT IS HEREBY ORDERED that subpoenas shall issue and they shall be served according to law to the following persons:

1. _____[name of witness]
2. _____

IT IS FURTHER ORDERED that the U.S. Marshals shall pay witness attendance fees and reasonable travel expenses necessary for the appearances of the above named witnesses.

[next two paragraphs are optional]

IT IS FURTHER ORDERED THAT this petition and order shall be sealed by the Court and be disclosed to no person other than the United States Marshal.

IT IS FURTHER ORDERED THAT advance travel funds are authorized.

Dated: _____

U.S. Magistrate Judge

Date

Honorable [*]

Re: United States v. _____
Criminal No. _____

Dear Magistrate Judge _____:

Enclosed for your consideration is the original ex parte application and proposed Order in the above case. These witnesses are requested for the upcoming _____ proceeding scheduled for _____ date before _____ judge.

If these documents meet with your approval, please sign and date the Order and forward all documents to the Clerk of Court for filing under seal. These documents are not filed electronically.

Please contact me if you have any questions.

Sincerely,

Attorney Name

Enclosures

Fact Witness Voucher
Instructions for Completion
by CJA Panel Attorneys

Witness Claim Forms

1. After witness is done testifying and ready to go home, prepare a witness claim form. These forms may be requested from the FPD's Office at 612-664-5858 or the U.S. Attorney's Office at 612-664-5600 .

Form OBD-3 revised March 96 or after.

See attached sample.

Complete top portion of form, Parts I and II.

Block A --

All dates required to travel to court, home from court, appear in court, or spent waiting for court (if they stayed on extra days for vacation, those days are not reimbursable)

Block B -- **CJA Attorney signs here attesting to the attendance of the witness on the dates stated in Block A.**

Block C -- If they flew, check here.

Block D -- Fill in round trip mileage (currently \$.445/mile for auto)

Block E -- Fill in any taxi, parking or bus expenses (Must have receipts or signed statement of amount)

Block F -- Fill in number of days, attach copy of hotel receipt

Block G -- **Witness signs and dates.**

Block H -- **Clerk of Court signs** and forwards the documents to the U.S. Marshals Office for payment.

NOTE: YOU MUST OBTAIN A COURT ORDER FOR THE APPEARANCE OF YOUR WITNESSES. IF THERE IS NOT AN ORDER ON FILE, YOUR WITNESS WILL NOT GET PAID.

*The U.S. Marshals Office, Minneapolis, 612-664-5900, will then issue a check to your witness.

UNITED STATES V. _____
Criminal No. _____

I, _____, hereby certify that I was subpoenaed as a
defense witness in the above entitled case. I incurred parking
expenses of \$_____ on _____.

Fact Witness Voucher

Circle one		<input checked="" type="radio"/> I (was) (was not) a United States citizen at the time of attendance
		<input type="radio"/> I (was) (was not) a Government employee at the time of attendance
		<input type="radio"/> I (did) (did not) receive a cash or check advance. Total advance issued \$ <u> 5 </u> from <u> </u>
Witness Name: <u>John Doe</u>		Case Number: <u>00-150(1)DSD/JMM</u>
Social Security Number: <u>000-00-0000 (must be completed)</u>		Case Name: <u>US v Defendant Last Name</u>
Address: <u>123 Maple Street</u>		District: <u>District of Minnesota</u>
City: <u>Minneapolis</u>	State: <u>MN</u>	Zip: <u>55415</u>
Telephone No. (including area code): <u>(612) 123-4567</u>		Court Location: <u>Minneapolis, Minnesota</u>
		GTA <input type="checkbox"/> Transportation <input type="checkbox"/> Lodging
PART I - Attendance Certification (by Government Official)		
Retention of these fees is considered taxable income and reportable to IRS		Object Class
A. Attendance Fees		Amounts (Dollars)
Deposition Dates <u> </u> \$40@ <u> </u> days		1126
Grand Jury/Trial Attendance Date (Including Travel) <u>3/22/00 3/23/00</u> \$40@ <u>2</u> days		1156
Pretrial Attendance Dates (Including Travel) <u> </u> \$40@ <u> </u> days		1194
Detained Dates - Citizen/Visitor In Custody <u> </u> \$40@ <u> </u> days		1193
Detained Dates - Deportable Alien In Custody <u> </u> \$ <u>1</u> @ <u> </u> days		1195
		Total Fees
B. Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrates where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the U.S. Attorney were first obtained.		
Panel Attorney signs here <u> </u>		CJA Panel Attorney <u> </u>
Signature <u> </u>		Title of Authorized Government Official <u> </u>
		date <u> </u>
		Date <u> </u>
PART II - Allowances		
C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government)		
Check one <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Air		2191
D. Travel by Privately Owned Vehicles: <input checked="" type="checkbox"/> Auto/Truck/Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Airplane		
Round trip mileage <u>200</u> @ \$ <u>40.5</u> per mile		
Total number of trips <u> </u>		
Less advance received \$ <u> </u>		2192
E. Local Transportation & Other Expenses: (e.g., taxi, tolls, parking, etc.) (Receipts required for parking and expenses over \$25.00) (Tips and gratuities not reimbursed)		
List (item, date and amount)		
<u>Parking 3/22/00 \$10.00 (see attached receipt)</u>		2193
F. Meals and Lodging:		
1. Travel days (1/2 day's M&IE per day) @ \$ <u> </u> x <u>1</u> day(s) = \$ <u> </u>		
2. Days away from home (full day's M&IE per day) @ \$ <u> </u> x <u>1</u> day(s) = \$ <u> </u>		
3. Actual cost of lodging, not to exceed \$ <u> </u> @ \$ <u> </u> x <u> </u> night(s) = \$ <u> </u>		
(DO NOT claim if paid by Government) (Receipts are required if paid by witness)		
Less advance received \$ <u>0</u>		2194
G. Witness Certification:		
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form)		
witness signs here <u> </u>		
Witness Signature <u> </u>		Date <u> </u>
		Alien Registration Record No. <u> </u>
H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge.		
Clerk of Court Deputy signs here <u> </u>		
Signature <u> </u>		Title of Authorized Government Official <u> </u>
		Date <u> </u>
		Net Amount Paid

PART III - Certification

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

Signature <u> </u>		Title of Authorized Certifying Officer <u> </u>	Date <u> </u>
PART IV - Disbursement (for Finance Office use only)			
Accounting Classification <u> </u>			
Check/Draft No. <u> </u> Voucher No. <u> </u>			
Signature <u> </u>		Title of Disbursing Officer <u> </u>	Date <u> </u>

The Privacy Act Statement and instructions for completion of this form are continued on the reverse of the form.

ORIGINAL

Previous Editions Obsolete

DDJ/Exception to SF 1157
Approved by DOT/OIRM

FORM OBD-3
Mar 96

